

MIDDLESEX RECREATION DEPARTMENT

Speed, Agility & Quickness Track Program

The Middlesex Recreation Department is sponsoring a speed, agility and quickness pre-season program under the direction of Coach Mike Walters at Mountain View Park. The program will consist of nine (9) sessions throughout the Summer in preparation for the Fall Sports Season.



Who: Boys and Girls entering Grades 5-9

What: All athletes can benefit from improved balance, quicker feet, and a faster reaction time, and this is exactly what speed, agility and quickness drills help you achieve.

Sessions will be fast-paced and **FUN** ☺ with a focus on:

- Foot speed, quickly changing direction and improving reaction to visual cues
 - Speed ladder drills/games
 - Cone drills/games
 - Shuttle/Shuffle drills/games
- Acceleration, speed endurance
 - Sprints, races, games
- Core strength
 - Crunches, planks, push-ups, bicycle kicks, etc.



When: 7pm sharp – 8pm

July 21, 25, 28
August 1, 4, 22, 25, 29
September 1 (Finals/Awards)

Where: Mountain View Park
Track

Cost: \$40

Contact: Mike mxrec1@gmail.com
with any questions/concerns.

RETURN THIS PORTION TO THE RECREATION DEPT. WITH PAYMENT

Name _____ DOB ____/____/____ Current Age _____

Address _____ Phone _____ Grade as of Sept. 2016 _____

EMERGENCY TREATMENT RELEASE – Dates during which release is granted from July, 2016 through September, 2016
Parent/Guardian Info:

Parent Name _____ Address (if different from above) _____ Phone (cell preferred) _____

Contact email _____

Other contact in case of emergency (name/phone/relation to child) _____

Specific medical allergies, chronic illness or other medical conditions: _____

This release form is completed and signed up my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up-to-date on all immunizations as required by the NJ Department of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid. I confirm that I have received and will abide by the spectator policy.

Parent/Guardian Signature _____ Date ____/____/____